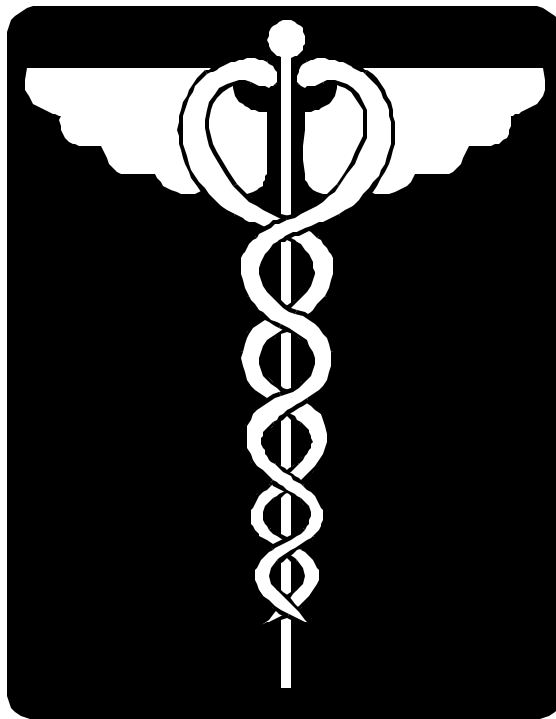


**2001 Statewide Medical & Health  
Disaster Exercise**

**EXERCISE GUIDEBOOK**

State of California  
Emergency Medical Services Authority



**NOVEMBER 15, 2001**



**State of California  
Emergency Medical Services Authority  
Statewide Medical & Health Disaster Exercise  
November 15, 2001**

**Executive Summary**

Dear Exercise Participant,

Welcome to the 2001 Statewide Medical and Health Disaster Guidebook! This is the 3<sup>rd</sup> annual medical and disaster exercise in the State of California, and this year we are expanding the participants to incorporate hospitals and other healthcare providers (including long term care facilities and clinics); pre-hospital care providers, auxiliary communication networks, blood banks and local and regional government agencies.

The Exercise Planning Committee created the scenario and elements of this exercise with an event that could occur in any community across the State. In addition, the scenario involves contaminated patients requiring decontamination to reinforce the learning principles from the 2000 exercise. A concept new to many facilities and agencies is introduced this year: "sheltering-in-place", with some instructional materials and sample policies to utilize in your planning.

The Operational Area (County) Exercise Contact is your point of contact for planning, questions and education for the exercise. Please see page 38 of this guidebook for the listing of Exercise Contacts.

**Important Timelines and Deadlines**

**Healthcare Facilities and Ambulance Providers:**

- |                           |  |
|---------------------------|--|
| <u>September 14, 2001</u> | Deadline to fax Intent to Participate Form (page 13) to the Operational Area (County) Medical/Health Exercise Contact (see list of contacts on page 38).   |
| <u>November 15, 2001</u>  | Exercise begins at 0700 am with event occurring at 0800 am. Note: The first influx of patients reach hospitals at 0900 am.<br><br>During the exercise, agency/facility status reports are due to the Operational Area Emergency Operational Centers. |
| <u>November 30, 2001</u>  | Deadline to complete and mail the appropriate Master Answer Sheet to the California EMS Authority (see address on form) to receive a participation certificate.  |

**Amateur Radio:**

- |                           |  |
|---------------------------|--|
| <u>September 14, 2001</u> | Deadline to fax Intent to Participate Form (page 14) to the Operational Area (County) Medical/Health Exercise Contact (see list of contacts on page 38).                                     |
| <u>November 15, 2001</u>  | Exercise begins at 0700 am with event occurring at 0800 am.<br><br>During the exercise, status reports will be radioed to the Joint Emergency Operations Center (JEOC) beginning at 1100 am. |
| <u>November 30, 2001</u>  | Deadline to complete and mail the Master Answer Sheet (page 24) to the California EMS Authority (see address on form) to receive a participation certificate.                                |

**Thank you for your commitment to disaster medical planning and preparedness.  
We look forward to hearing about your successful exercise!**



**State of California  
Emergency Medical Services Authority  
Statewide Medical & Health Disaster Exercise  
November 15, 2001**

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**State of California  
Emergency Medical Services Authority  
Statewide Medical & Health Disaster Exercise  
November 15, 2001**

**EXERCISE OBJECTIVES**

**Hospital Objectives**

Objective I: (JCAHO EC 1.4 (b) and EC 2.9.1)

Implement the facility's emergency preparedness response plan using a recognized incident command system (preferably HEICS).

Objective II: (JCAHO EC 1.4 (c, d))

Assess the status of your facility and communicate that status to appropriate governmental agencies including the operational area.

Objective III: (JCAHO EC 1.4 (n))

Assess the ability to respond to a hazardous materials incident, including victim decontamination.

Objective IV: (JCAHO EC 1.4 (c, d, m))

Assess back up systems or techniques for addressing loss of primary communication systems. Implement alternate communication systems to contact public/private medical and health officials, including local government, "sister" and other supportive area healthcare facilities or hospitals.

Objective V: (JCAHO EC 1.4 (h, i, j))

Assess the response capability of managing a large influx of patients and facility overcrowding.

Objective VI:

Assess the ability of your facility to shelter-in-place as a response strategy to an external hazardous materials threat.

**Other Healthcare Facility Objectives (Includes SNF, LTC, psychiatric and clinic facilities)**

Objective I:

Implement the facility's emergency preparedness response plan preferably using a recognized incident command-based system.

Objective II:

Assess the status of your facility and communicate that status to appropriate governmental agencies including the operational area.

Objective III:

Assess the ability of your facility to shelter-in-place.

**Statewide Medical & Health Disaster Exercise  
November 15, 2001**

**EXERCISE OBJECTIVES**

**Ambulance Objectives**

Objective I:

Implement the provider's emergency preparedness response plan using a recognized incident command system.

Objective II:

Assess the status of your facility/agency and communicate that status to appropriate governmental agencies including the operational area.

Objective III:

Assess the provider's response to a hazardous materials incident.

Objective IV:

Utilize alternative communication systems to reach local government medical & health contacts including dispatch and local area hospitals.

Objective V:

Assess back-up systems or techniques to handle potential problems associated with at least one system critical to the operation of the service, i.e. alternate routing, equipment failure, flat tires, access to fuel, loss of power, etc.

Objective VI:

Assess the ability to manage transport of a large number of victims and coordinate with healthcare facilities and local medical/health contacts.

**Amateur Radio Objectives**

Objective I: (Pre-Exercise)

Identify agencies with auxiliary communications radios and ascertain the location of the operators and frequencies utilized.

Objective II: (Pre-Exercise)

Coordinate with local amateur radio operators on use of frequencies, protocols and forms used during an exercise/actual event.

Objective III: (Exercise)

Test regional/statewide network voice systems and redundant communications in coordination with local amateur radio operators, using established frequencies, protocols, and data collection/reporting forms.

**Statewide Medical & Health Disaster Exercise  
November 15, 2001**

**EXERCISE OBJECTIVES**

**Blood Bank Objectives**

Objective I:

Activate multiple communication systems within the California Blood Bank Society (CBBS) network to communicate blood bank status and blood inventories to the CBBS EOC.

Objective II:

The CBBS EOC will communicate blood bank(s) status and blood inventory to the JEOC using multiple communication systems (fax, radio, telephone).

**Operational Area (Exercise Contact Objectives)**

Objective I:

Assess the operational area's ability to collect timely, accurate and appropriate data from participants.

Objective II:

Demonstrate the ability to access and transmit RIMS information to region and state medical and health authorities.

Objective III:

Evaluate RIMS system use, appropriateness, accuracy and for actual medical and health response and recovery actions.



**State of California  
Emergency Medical Services Authority  
Statewide Medical & Health Disaster Exercise  
November 15, 2001**

**EXERCISE SCENARIO**  
Thursday, November 15, 2001

**Scenario Simulation Time Line**

- 7:00** The local newspaper and television station receive an anonymous call warning of a possible terrorist event. The caller states that due to recent decisions and events in the community, there would be a retaliatory attack in the near future. The caller does not give any more details. Local law enforcement and FBI are notified of the call.
- 8:00** A deranged person drives an 18-wheel tanker truck with a hazardous chemical into a large public gathering (such as a shopping mall, convention center, sporting event) in the area. This is possibly related to the terrorist call. There is a subsequent large explosion as the truck catches fire and the contents of the truck spill.
- 8:10** 9-1-1 receives many calls reporting the incident. EMS is called to respond to a large number of people fleeing the scene. Reports state that a plume has formed and is traveling downwind from the area heading toward a heavily populated area.
- 8:15** The chemical overcomes the first responders on scene. Many victims are dead at the scene. EMS, Fire and Law enforcement respond and set up a perimeter, isolating the site.
- 8:25** News reporters and helicopters surround the area. The hospitals and EMS personnel are watching the news for details of the incident. Hospitals and healthcare providers activate Emergency Preparedness Plans.
- 8:30** Many injuries are reported by EMS. Injuries include chemical exposures, burns, trauma, chemical contamination and hysterical (worried well) victims. Your facility or area, monitoring the news on television and radio, realizes that a plume may be moving in your direction. Your facility or area has been advised to “shelter-in-place” due to the plume drifting toward you. There are also many schools and long-term care facilities in the path of the plume.

The Operational Area Emergency Operations Center (OAEOC) activates. Messages go out to all cities, county departments, special districts, and Regional OES (REOCs) advising of the OA EOC’s activation. City and county departments are asked to submit status reports ASAP via RIMS.

**Exercise Scenario  
November 15, 2001**

- 8:30** Your command/management group assesses that the plume is moving rapidly toward the facility/area and that evacuation is not possible. The decision is made to shelter-in-place and orders go out to facility managers to begin the process.
- 8:35** Public Health announcements via the public alert system go out to residents advising them to stay indoors, turn off any heat/air conditioning or ventilation systems.
- 9:00** Victims begin to arrive at the hospital by self-referral. EMS has been notified to divert patients to facilities outside of the plume area. The worried well also arrive demanding to be protected from the chemical. Some victims require decontamination while others require medical treatment. **Note: your facility is shut down in “shelter-in-place” status. What will you do with the arriving patients?**
- 9:15** The plume has traveled one mile from the area and is now dissipating. Fire officials and hazardous materials response teams have identified the chemical in the truck as Anhydrous Ammonia. The emergency responders, hospitals and the public are notified. **Reminder to exercise controller, identification of the chemical should not be revealed to participants until this point in the exercise.**
- 9:30** Phone lines are jammed with many people attempting calls. The phone system fails and there is an unknown time to re-establish service. Auxiliary Communications Systems are employed in the area.
- 9:45** The Regional Emergency Operations Center, the Joint Emergency Operations Center and the State Operations Center are now open and receiving requests for assistance in the local area.
- 10:00** The plume has completely dissipated and public alert announcements relay that it is now safe to go outside. The “all clear” is sounded and the need to shelter-in-place is discontinued.
- The media arrive at your agency/facility demanding to interview patients and staff.
- 10:30** Phone service has been re-established in the area.
- 11:00** All facilities, agencies and providers report status to the Operational Area.
- 11:30** The Regional Emergency Operations Center begins to receive reports from the operational area and relays the information and resource requests to the Joint Emergency Operations Center and the State Operations Center.
- 12:00** Exercise ends.





**State of California  
Emergency Medical Services Authority  
Statewide Medical & Health Disaster Exercise  
November 15, 2001**

**MASTER SEQUENCE OF EVENTS**

This year you are invited to participate in a Statewide exercise designed to assess California's healthcare and ambulance provider's preparedness and ability to remain functional in the event of a hazardous materials accident involving large numbers of people requiring medical care.

**The exercise is scheduled for Thursday, November 15, 2001**  
**from 7:00 a.m. to 12:00 p.m.**

**Exercise Information**

**November 15, 2001**

**0700 hours** The local newspaper and television station receive an anonymous calls warning of a possible terrorist event. The caller states that because of recent decisions and events in the community, there would be a retaliatory attack in the near future. The caller does not give any more details. Local law enforcement and FBI are notified of the call.

**0800 hours** An 18-wheel tanker truck filled with an unknown chemical drives into a large public gathering in the community (shopping mall, sporting event, convention center). There is a large explosion and the truck catches fire. The chemical contents of the truck spill and catch fire. As the chemical vaporizes, a plume rises from the accident and is carried by the wind into populated areas.

Immediate panic spreads through the area and 9-1-1 is flooded with calls from the scene. Law enforcement, fire and EMS personnel are dispatched to the scene.

**0810 hours** EMS, fire and law arrive on scene to find a large fire and people fleeing the scene. Traffic is congested. Many bodies are on the ground within 100 yards of the truck, and there is a foul smell in the air.

**0815 hours** The first responders arriving at the scene are overcome and a perimeter around the scene is established. The hazardous materials team is activated to respond to the incident. There is no identification of the hazardous material discernable on the truck.

EMS at the scene communicates with dispatch, area hospitals and other EMS providers.

**Statewide Medical & Health Disaster Exercise  
November 15, 2001**

**0825 hours** News reporters and helicopters arrive to report the accident and the scene. Hospitals and other healthcare providers, tuning into the news broadcasts are getting the first notification of the incident and the possible influx of victims.

Estimates of victims include:

- ?? Approximately \_\_\_\_\_ number of victims (as determined by the Operational Area) are presumed dead
- ?? Approximately \_\_\_\_\_ number of victims (as determined by the Operational Area) are estimated to be **IMMEDIATE** priority
- ?? Approximately \_\_\_\_\_ number of victims (as determined by the Operational Area) are estimated to be **DELAYED** priority
- ?? Approximately \_\_\_\_\_ number of victims (as determined by the Operational Area) are estimated to be **MINOR** priority
- ?? Unknown number of worried well and panic stricken people

**0830 hours** Injuries reported from the scene include chemical exposures (contaminated), trauma, burns, and hysterical people. Hospitals prepare for an influx of patients, including contaminated patients. There are schools and long-term care facilities near the incident. Emergency Preparedness (Disaster) Plans are activated in all facilities, agencies and healthcare provider locations.

The Operational Area (OA) Emergency Operations Center (EOC) activates. The EOC notifies the agencies and entities in the OA including:

- ?? Cities
- ?? County departments
- ?? Special districts
- ?? Regional OES offices (REOC)
- ?? Regional Disaster Medical/Health Coordinator (RDMHC) and Regional Disaster Medical/Health Specialist (RDMHS)

**0835 hours** The plume is moving downwind from the incident and the plume may reach your facility/agency within 30 minutes. The facility/agency command staff quickly mobilize to define actions for the facility: **evacuate or shelter-in-place**.

Considerations for decision to evacuate versus shelter-in-place include:

- ?? Nature of the threat
- ?? Adequate time for safe evacuation
- ?? Availability of needed resources for evacuation
- ?? Acceptance of patients at destination facilities

Public health announcements via the emergency alert system (EAS) go out to residents advising them to shelter-in-place.

**0845 hours** Your facility/agency is notified that the plume is moving directly toward your site and is expected to arrive within 20 minutes. You are advised to shelter-in-place immediately and take actions to protect your facility/agency.

**Statewide Medical & Health Disaster Exercise  
November 15, 2001**

**0900 hours** EMS has been notified to divert patients to facilities outside of the plume area/disaster area.

Patients begin to arrive at the hospitals, clinics and healthcare facilities by self-referral. The worried-well are also arriving, demanding to be protected from the plume and chemical exposure. Some may require decontamination while others may require medical triage and treatment.

**Your facility is in “shelter-in-place” status! What decisions would you need to make?**

Decisions confronting hospitals and healthcare facilities may include:

- ?? How secure is the facility to protect patients and staff from people entering without triage or decontamination?
- ?? Will you maintain the shelter-in-place order strictly and prohibit the patients and others from entering the facility?

**0905 hours** All governmental agencies are requested by the OA to submit initial status reports into **Response Information Management System (RIMS)**.

**0915 hours** Fire Officials and hazardous materials response teams have now identified the chemical as **ANHYDROUS AMMONIA**. Emergency responders, hospitals, healthcare providers and the public are notified.

**0930 hours** Phone lines are jammed with calls. The phone system in the area crashes with an unknown estimated time for re-establishment of service.

Auxiliary communications systems are employed in hospitals, healthcare facilities, EOC and other involved agencies.

**0945 hours** The Regional Emergency Operations Center (REOC), the Joint Emergency Operations Center (JEOC) and the State Operations Center (SOC) are now activated and receiving requests for assistance from the local area.

**1000 hours** The plume has now completely dissipated and public alert announcements report that it is now safe to go outside and the need to shelter-in-place is discontinued.

**1000 hours** The media arrives at your facility or agency demanding to interview patients, employees and command/management staff. The Public Information Officer compiles a status report and news release for the media. News cameras are outside of the facility and are hindering operations. Security/police must assist to contain the media and protect staff and patients.

EMS responders, hospitals, and other healthcare facilities are now experiencing a mass influx of patients and worried well.

**Statewide Medical & Health Disaster Exercise  
November 15, 2001**

- 1100 hours** All facilities, agencies and providers report status to the Operational Area via alternative communication methods.  
The operational area EOC enters an update of status in **RIMS**.
- 1130 hours** The REOC begins to receive reports from the OA and relays the information and resource requests to the JEOC and SOC.
- 1145 hours** Phone service is re-established. Fax reports to the Operational Area Exercise Contact.
- 1200 hours** **Exercise ends.** Wrap up of processes and patients continue until completed, including status reports.

**Good job!**



**Sample  
Community Press Release**

**Statewide Medical & Health Disaster Exercise  
November 15, 2001**

For Immediate Release  
**(Date of release)**

Contact: Jane Doe  
(XXX) XXX-XXXX

On November 15, 2001, 7:00 am to noon, many hospitals, other healthcare facilities and ambulance providers in XXX county or city, and across the State of California, will voluntarily participate in a third annual statewide medical and health disaster exercise. The scenario for the exercise is a response to a hazardous materials release affecting a large gathering of people, a rising plume and the need to shelter-in-place (a recommended protection to keep the public safe from exposure). Last year over 400 healthcare facilities, over 75 ambulance providers and nearly every county participated in the exercise. This year, local, regional and state governmental agencies, volunteer organizations and public and private healthcare providers will be activating their disaster plans and communication systems to coordinate their community response to this disaster exercise.

Disaster exercises assess the effectiveness and evaluate the readiness of our community emergency preparedness programs and communication links. Many agencies work cooperatively to respond to any disaster. Implementing and practicing the procedures and community responses is vital to maintaining readiness.

This statewide exercise is a cooperative effort of many agencies including the Emergency Medical Services Authority, Department of Health Services, State/Regional and local Office of Emergency Services, Office of Statewide Health Planning and Development, California Healthcare Association, Healthcare Association of Southern California, Regional Hospital Associations, California Ambulance Association, California Fire Chiefs, Amateur Radio volunteers, Los Angeles County, and Hospital Corporations.

For complete exercise information, please visit [www.emsa.ca.gov](http://www.emsa.ca.gov)

Your logo  
Or  
Letterhead  
Here

**Sample  
Public Information Officer  
Media Advisory**

**Statewide Medical and Health Disaster Exercise  
November 15, 2001**

Date: 11-14-01

Contact: Jane Doe  
(XXX) XXX-XXXX

**What:** California is conducting the third annual Statewide Medical and Health Disaster Exercise. Many hospitals and ambulance providers across the state will voluntarily participate in the exercise. The scenario for the exercise is a response to a hazardous materials release affecting a large gathering of people, a rising plume and the need to shelter-in-place (a recommended protection to keep the public safe from exposure).

**When:** 07:00 a.m. to 12:00 p.m., Thursday, November 15, 2001

**Where:** In hospitals, ambulance services and local government agencies throughout the State of California

**Who:** Exercise planners and supporters of this exercise include: Emergency Medical Services Authority, Department of Health Services, State/Regional and local Office of Emergency Services, Office of Statewide Planning and Development, California Healthcare Association, Healthcare Association of Southern California, Regional Hospital Associations, California Ambulance Association, California Fire Chiefs, Amateur Radio volunteers, Los Angeles County, and hospital corporations.

**Visuals:** Department of Transportation, 2000 Emergency Response Guidebook (2000ERG), Guide 125, page 215, ID Number 1005.

**Background:** Participating in exercises such as this helps our community be better prepared to respond to an actual disaster should it happen. Hospital participation in this exercise also qualifies as a formal disaster drill with an influx of patients as defined by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).



State of California  
Emergency Medical Services Authority  
Statewide Medical & Health Disaster Exercise  
November 15, 2001

**INTENT TO PARTICIPATE  
For Healthcare Facilities and Ambulance Providers**

**THIS FORM MUST BE FAXED TO THE OPERATIONAL AREA (COUNTY) MEDICAL/HEALTH  
EXERCISE CONTACT (LISTED IN PAGE 38)  
BY FRIDAY SEPTEMBER 14, 2001.**

Name of  
Facility or Provider: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Exercise Coordinator or contact: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

County: \_\_\_\_\_

1. Please indicate whether your healthcare facility/ambulance provider will participate in the Statewide Exercise, November 15, 2001.  
☐ ☐ Will participate  
☐ ☐ Will not participate (*Skip next question*)
2. Please indicate the level of participation of your healthcare facility/ambulance provider during the November 15, 2001 exercise.  
☐ ☐ Full-scale exercise  
☐ ☐ Functional exercise  
☐ ☐ Table top exercise  
☐ ☐ Communications exercise only  
(See Glossary for exercise definitions)

**This form must be completed for each healthcare facility, ambulance provider or entity participating in the exercise. If you are a multiple facility or multi-campus facility, complete one Intent Form for each individual facility participating. The Intent Form may be duplicated for this purpose.**



State of California  
Emergency Medical Services Authority  
Statewide Medical & Health Disaster Exercise  
November 15, 2001

**INTENT TO PARTICIPATE**  
**For Amateur Radio, CARES, and RACES Providers**

**This form must be faxed to the Operational Area (County) Medical/Health Exercise  
Contact by FRIDAY, SEPTEMBER 14, 2001. (See PAGE 38 for listing)**

Name of  
Amateur Radio Association: \_\_\_\_\_

Amateur Radio Exercise Contact: \_\_\_\_\_

County/Area/Facility Served: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_

Call Sign: \_\_\_\_\_

Frequencies: \_\_\_\_\_

Please check appropriate box for your amateur radio association/agency participation in the  
Statewide Exercise, November 15.

☐ ☒ Will participate

☐ ☒ Will not participate

Please fax this form to the Operational Area (County) Medical/Health Exercise Contact (see page  
38 in the Exercise Guidebook) by **Friday, September 14, 2001**.





**State of California  
Emergency Medical Services Authority  
Statewide Medical & Health Disaster Exercise  
November 15, 2001**

**OPERATIONAL AREA INTENT TO PARTICIPATE**

**This form must be faxed to the Regional Disaster Medical/Health Specialist (listed on page 44) by Friday, SEPTEMBER 21, 2001.**

Operational Area (County): \_\_\_\_\_

Operational Area Medical/Health  
Exercise Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_

Agency Participating	Operational Area Exercise Participation (Enter total # participating)			Communications Exercise Testing Communications Systems			
	Full Scale	Functional Exercise	Tabletop Exercise	Amateur Radio	RIMS	OASIS	Other (List)
Local Emergency Medical Services Agency							
Local Health Officer/Public Health							
Operational Area Disaster Medical/Health Coordinator							
Local Office of Emergency Services							
Amateur Radio	#	#	#				
Hospitals:	#	#	#				
Acute Care	#	#	#				
Other Healthcare facilities (SNF)	#	#	#				
Psychiatric	#	#	#				
Clinics	#	#	#				
Other (specify):	#	#	#				
Ambulance Providers	#	#	#				
Others	#	#	#				

**Data will be entered into RIMS by: (Check One)**

☒ Local Office of Emergency Services

☒ Operational Area Disaster Medical/Health Coordinator

☒ Other (list): \_\_\_\_\_



State of California  
Emergency Medical Services Authority  
Statewide Medical & Health Disaster Exercise  
November 15, 2001

**HOSPITAL/HEALTHCARE FACILITY  
MASTER ANSWER SHEET**

**Complete this Master Answer Sheet for responses to the Hospital/Healthcare Facility  
Exercise Evaluation Forms and mail only this page!**

**Hospital/Healthcare Facility Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Disaster Coordinator/Evaluator Name:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Please circle the single best answer to each question.**

- |                      |               |
|----------------------|---------------|
| 1. a b c d e f g     | 8. a b c      |
| 2. a b c d e f g h   | 9. a b c      |
| 3. a b c d           | 10. a b c d e |
| 4. a b c             | 11. a b c d   |
| 5. a b c             | 12. a b c     |
| 6. a b c d           | 13. a b c d   |
| 7. a b c d e f _____ | 14. a b c     |
|                      | 15. Comments  |

**Any comments? Please write comments, suggestions or thoughts about the exercise on reverse side of this answer sheet, attaching additional pages as needed. We appreciate your comments!**

**Mail completed answer sheet by NOVEMBER 30, 2001 to:**

**California Emergency Medical Services Authority  
1930 9<sup>th</sup> Street  
Sacramento, CA 95814  
Attn: Disaster Exercise**



**State of California  
Emergency Medical Services Authority  
Statewide Medical & Health Disaster Exercise  
November 15, 2001**

**HEALTHCARE FACILITY EXERCISE EVALUATION FORM**  
**This form is to be completed by the participating healthcare facility.**

Please use the attached **Master Answer Sheet** for Healthcare Facilities when recording your responses. Be sure to complete every question before submitting the Master Answer Sheet (page 16) to the EMS Authority. Certificates for Participation will be provided only upon receipt of the 2001 Exercise Participation Evaluation Master Answer Sheet.

1. Please circle the single best answer that describes which OES Mutual Aid Region your facility is in (Listed on page 44).
  - A. Region I
  - B. Region II
  - A. Region III
  - B. Region IV
  - C. Region V
  - D. Region VI
  - E. Don't Know
  
2. Circle the single best answer that describes your facility.
  - A. Acute care hospital with a basic or comprehensive emergency department
  - B. Acute care hospital with a stand-by emergency department
  - C. Acute care hospital with no emergency department
  - D. Psychiatric hospital
  - E. Specialty care hospital
  - F. Long Term Care Facility
  - G. Clinic
  - H. Other
  
3. Please indicate the level of participation of your facility during the exercise.
  - A. Full Scale Exercise
  - B. Functional Exercise
  - C. Tabletop Exercise
  - D. Communications Exercise
  
4. Did you activate your disaster plan during the exercise?
  - A. Yes
  - B. No
  - C. Don't Know
  
5. Does your disaster plan utilize the Hospital Emergency Incident Command System (HEICS)?
  - A. Yes
  - B. No
  - C. Don't know what HEICS is

## HEALTHCARE FACILITY EXERCISE EVALUATION FORM

6. Did your facility implement an alternate communication system (other than public telephone service) to reach the County Emergency Operations Center, nearby hospitals or "sister" hospitals?
- A. Yes
  - B. No (if no, skip to question 8)
  - C. Don't know
  - D. N/A
7. Identify the communication system(s) that was utilized.
- A. HEAR radio
  - B. ReddiNet
  - C. EMSsystem
  - D. Amateur Radio
  - E. Internet
  - F. Other (specify): \_\_\_\_\_
8. Did your facility implement methods to respond to a large influx of patients and subsequent facility overcrowding during the November 15 exercise?
- A. Yes
  - B. No
  - C. Don't know
9. Did your facility decontaminate patients during the exercise?
- A. Yes
  - B. No (if no, skip to question 11)
  - C. Don't know
10. Please indicate the number of patients your facility decontaminated?
- A. < 5
  - B. 5-20
  - C. 21-50
  - D. > 50
  - E. N/A
11. Did your facility establish alternative communications between ambulance personnel and your facility during the exercise?
- A. Yes
  - B. No
  - C. Don't know
  - D. N/A
12. Did your facility simulate a sheltering-in-place during the exercise?
- A. Yes
  - B. No
  - C. Don't know
13. How would you evaluate your facility's response to the event and initiation of disaster plan?
- A. Excellent, no changes needed in the disaster plan
  - B. Good, minor changes in the system/disaster plan identified
  - C. Fair, moderate changes needed in the system/disaster plan identified
  - D. Needs improvement, substantial disaster plan review/changes identified

## HEALTHCARE FACILITY EXERCISE EVALUATION FORM

14. In general, were you satisfied with the November 15 statewide exercise?
- A. Yes
  - B. No
  - C. Don't know

15. Additional Comments and Recommendations?

Please write additional comments on the back of the Master Answer sheet and attach additional pages as needed. We very much appreciate your feedback!

Thank you for your participation with this survey.

Please mail the **COMPLETED MASTER ANSWER SHEET** to:

**California Emergency Medical Services Authority  
1930 9<sup>th</sup> Street  
Sacramento, CA 95814-7043**

**Attn: Disaster Exercise**



State of California  
Emergency Medical Services Authority  
Statewide Medical & Health Disaster Exercise  
November 15, 2001

**AMBULANCE PROVIDER  
MASTER ANSWER SHEET**

**Complete this Master Answer Sheet for responses to the Ambulance Provider Exercise Evaluation Form and mail only this page to the address below.**

Ambulance Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Disaster Coordinator/Evaluator Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

**Please circle the single best answer to each question.**

1. a b c d e f g

8. a b c

2. a b c d

9. a b c

3. a b c d e

10. a b c d e

4. a b c d

11. a b c

5. a b c

12. a b c d

6. a b c

13. a b c d

7. a b c d

14. Comments?

Please write comments, suggestions or thoughts about the exercise on reverse side of this answer sheet, attach additional pages as needed. We appreciate your comments!

**Mail completed answer sheet by NOVEMBER 30, 2001 to:**

California Emergency Medical Services Authority  
1930 9<sup>th</sup> Street  
Sacramento, CA 95814  
Attn: Disaster Exercise



**State of California  
Emergency Medical Services Authority  
Statewide Medical & Health Disaster Exercise  
November 15, 2001**

**AMBULANCE PROVIDER EXERCISE EVALUATION FORM**  
**This form is to be completed by the participating ambulance provider.**

Please use the **Master Answer Sheet** (page 20) for Ambulance Providers when recording your responses. Be sure to complete every question before submitting the answer sheet to the EMS Authority. Certificates for Participation will be provided only upon receipt of the 2001 Exercise Participation Evaluation Master Answer Sheet.

1. Circle the single best answer that describes which OES Mutual Aid Region your service is in (Listed on page 44).
  - A. Region I
  - B. Region II
  - C. Region III
  - D. Region IV
  - E. Region V
  - F. Region VI
  - G. Don't Know
  
2. Please circle the single best answer that describes your service.
  - A. Basic Life Support
  - B. Advanced Life Support
  - C. Both A and B
  - D. Other (specify) \_\_\_\_\_
  
3. Circle the single best answer that describes your service.
  - A. Private business
  - B. Fire service affiliate
  - C. Special district or local government (other than fire service)
  - D. Hospital affiliate
  - E. Other (specify) \_\_\_\_\_
  
4. Circle the level of participation of your service during the exercise.
  - A. Fully Scale Exercise
  - B. Functional Exercise
  - C. Tabletop Exercise
  - D. Communications Exercise
  
5. Did you activate your disaster plan during the exercise?
  - A. Yes
  - B. No
  - C. Don't know

## AMBULANCE PROVIDER EXERCISE EVALUATION FORM

6. Does your disaster plan utilize the Incident Command System (ICS)?
  - A. Yes
  - B. No
  - C. Don't know
7. Did you implement an alternative communication system (other than telephone) to reach the ambulance crews, dispatch and hospitals during the exercise?
  - A. Yes
  - B. No
  - C. Don't know
  - D. N/A
8. Did you implement methods to respond to an increased call volume while hospitals were on diversion due to sheltering-in-place?
  - A. Yes
  - B. No
  - C. Don't know
9. Did your operation deal with contaminated patients during the exercise?
  - A. Yes
  - B. No (if no, skip to question 11)
  - C. Don't Know
10. How many contaminated patients did you assist with in decontamination and transport?
  - A. < 5
  - B. 5-20
  - C. 21-50
  - D. > 50
  - E. N/A
11. Did your agency simulate sheltering-in-place during the exercise?
  - A. Yes
  - B. No
  - C. Don't know
12. How would you evaluate your service's response to the event and initiation of disaster plan?
  - A. Excellent, no changes needed in the disaster plan
  - B. Good, minor changes in the system/disaster plan identified
  - C. Fair, moderate changes needed in the system/disaster plan identified
  - D. Needs improvement, substantial disaster plan review and changes identified



## **AMBULANCE PROVIDER EXERCISE EVALUATION FORM**

13. In general, were you satisfied with the November 15 Statewide exercise?

- A. Yes
- B. No
- C. Don't know
- D. N/A

14. Comments and Recommendations?

Please write additional comments on the back of the Master Answer sheet and attach additional pages as needed. Thank you for your participation with this survey.

**Please mail the COMPLETED MASTER ANSWER SHEET to:**

**California Emergency Medical Services Authority  
1930 9<sup>th</sup> Street  
Sacramento, CA 95814-7043**

**Attn: Disaster Exercise**



**State of California  
Emergency Medical Services Authority  
Statewide Medical & Health Disaster Exercise  
November 15, 2001  
ACS, Amateur Radio, CARES and RACES  
MASTER ANSWER SHEET**

Complete this **Master Answer Sheet** for responses to the ACS, Amateur Radio, CARES and RACES Exercise Evaluation Form and mail only this page to the address below.

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Disaster Coordinator/Evaluator Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

**Please circle the single best answer to each question.**

1. a b c d e f g

8. a b c

2. a b c d

9. a b c

3. a b c

10. a b c

4. a b c

11. a b c d

5. a b c

12. a b c

6. a b c

13. Comments?

7. a b c

Please write comments, suggestions or thoughts about the exercise on reverse side of this answer sheet, attach additional pages as needed. We appreciate your comments!

**Mail completed answer sheet by NOVEMBER 30, 2001 to:**

**California Emergency Medical Services Authority  
1930 9<sup>th</sup> Street  
Sacramento, CA 95814  
Attn: Disaster Exercise**



**State of California  
Emergency Medical Services Authority  
Statewide Medical & Health Disaster Exercise  
November 15, 2001**

**ACS, AMATEUR RADIO, CARES and RACES  
EXERCISE EVALUATION FORM**

**This form is to be completed by each participating radio provider.**

Please use the attached **Master Answer Sheet** (page 24) for Amateur Radio when recording your responses. Be sure to complete every question before submitting the answer sheet to the EMS Authority. Certificates for Participation will be provided only upon receipt of the 2001 Exercise Participation Evaluation Master Answer Sheet.

1. Circle the single best answer that describes which OES Mutual Aid Region your organization is in (Listed on page 44).
  - A. Region I
  - B. Region II
  - C. Region III
  - D. Region IV
  - E. Region V
  - F. Region VI
  - G. Don't Know
  
2. Please circle the single best answer that describes your organization.
  - A. Amateur Radio Volunteer
  - B. CARES
  - C. RACES
  - D. Other: (specify) \_\_\_\_\_
  
3. Did you activate your disaster plan during the exercise?
  - A. Yes
  - B. No
  - C. Don't know
  
4. Does your disaster plan utilize the Incident Command System (ICS)?
  - A. Yes
  - B. No
  - C. Don't know what ICS is.
  
5. Did you educate the hospitals and operators in your area about the frequencies, information packet and protocols pre-exercise?
  - A. Yes
  - B. No
  - C. Don't know
  
6. Did you coordinate, pre-exercise, with local amateur radio operators on frequencies and protocols to use during the November 9 exercise?
  - A. Yes
  - B. No
  - C. Don't know

**ACS, AMATEUR RADIO, CARES AND RACES  
EXERCISE EVALUATION FORM**

7. Did you transmit the hospital information?
  - A. Yes
  - B. No
  - C. Don't know
8. Was the transmitted data received and accepted?
  - A. Yes
  - B. No
  - C. Don't know
9. Did you activate the regional/statewide network voice systems during the exercise?
  - A. Yes
  - B. No
  - C. Don't know
10. Were frequencies and channels open and available for transmission during the exercise?
  - A. Yes
  - B. No
  - C. Don't Know
11. How would you evaluate your organization's response to the event and initiation of the disaster plan?
  - A. Excellent, no changes needed in the disaster plan
  - B. Good, minor changes in the system/disaster plan identified
  - C. Fair, moderate changes needed in the system/disaster plan identified
  - D. Needs improvement, substantial disaster plan review and changes identified
12. In general, were you satisfied with the November 9 Statewide exercise?
  - A. Yes
  - B. No
  - C. Don't know
  - D. N/A
13. Additional Comments and Recommendations?

Please write additional comments on the back of the Master Answer sheet and attach additional pages as needed. We appreciate your feedback!

Thank you for your participation with this survey.

Please mail the **COMPLETED MASTER ANSWER SHEET** to:

**California Emergency Medical Services Authority  
1930 9<sup>th</sup> Street  
Sacramento, CA 95814**

**Attn: Disaster Exercise**

Sample Information

# Shelter-In-Place

Materials generously provided  
by:

Mt. Diablo Medical Center

Dan Zoellner  
Director of Safety  
1266 San Carlos Avenue  
Concord, CA 94518

[dan.zoellner@jmmmdhs.com](mailto:dan.zoellner@jmmmdhs.com)

## **ACTIVATION OF THE "SHELTER IN PLACE" PLAN**

Authority for activation of the "Shelter-In-Place" (SIP) plan rests jointly with Administration (EOC) and the Emergency Department after an alert is received from the Contra Costa County Health Services Department.

**Definition:** "Shelter-in Place" is a nationally accepted term indicating the need to stay inside of a shelter or facility during a time of potential exposure to chemical hazards. It is a process of "sheltering" individuals from these hazards by using pre-arranged measures including, but not limited to, entrance and exit limitations, securing outside air sources, communicating the danger to it's occupants, and at the same time trying to maintain a normal business function.

**The purpose of this plan** is to protect the health and welfare of all occupants within the facility. This is done by taking temporary measures to ensure that the staff, visitors and patients are not compromised by external chemical hazards.

**It is our policy** to protect all occupants of the Medical Center from harm during this event as well as serve the community as our mission dictates. Due to our proximity to the many refineries, chemical processors and major transportation routes, we are at risk for chemical exposures due to leaks and spills. We need to be ready to respond anytime a call comes from the (CCCHSD) Contra Costa County Health Services Department.

### **COMMUNICATION -**

**Incoming Alert** - An alert to "Shelter-in-Place" will usually come to MDMC from the CCCHSD via the "Community Alert Network" (a phone call from "CAN" or through the Emergency Alert Receiver" (EAR) located in the Emergency Department. (If a call comes through the PBX, the Emergency Department will be notified by PBX before proceeding with their checklist).

**In-House Announcement** - After the alert is received from the CCCHS, the person receiving the alert will notify the Emergency Department charge nurse as well as the PBX operator. The PBX operator will announce the alert by an overhead page. The PBX operator will then call the Nursing Supervisor, Security, and Plant Operations Boiler Watch.

**Medical Pavilion, Surgery Center, Hemodialysis & MOB** - These facilities will be notified by PBX using a pre-established phone list.

### **VISITORS AND VOLUNTEERS -**

They will be asked to stay within the confines of the facility during an alert and will be given information on the extent and length of the crises.

## ED CHARGE NURSE SHELTER-IN-PLACE CHECKLIST

Shelter-in-place alerts should come into the Emergency Department via a programmed phone call from the Community Alert Network (CAN) or via the "Emergency Alert Receiver" (EAR) from Contra Costa County Health Services (CCCHS). This checklist is based on that scenario. IF THE ALERT COMES THROUGH PBX , YOU WILL BE NOTIFIED IMMEDIATELY BY THE PBX OPERATOR.

### RESPONSIBILITIES -

To act as the CCCHS communication liaison from between the Emergency Department and the Nursing Supervisor and/or EOC, as well as making every effort to keep the patient care process as normal as possible during the alert.

- ✍ Any message or alert should be verified by calling the Contra Costa County Health Services (CCCHSD) at (510) xxx-xxx before proceeding with the SIP plan.
- ✍ Notify Administration and/or the Nursing Supervisor of the impending alert, giving the details of the type and extent of the crises.
- ✍ After verification of the alert, notify PBX by announcing that a "Red Alert - Shelter in Place" situation has been announced by the CCCHSD.
- ✍ Close any "fire doors" in the ED and assign someone to control exits and entrances.
- ✍ Notify visitors in the waiting room of the alert and discourage anyone from leaving the facility until the "all clear".
- ✍ Alert the Patient Registration staff not to "discharge" anyone until the crises is over.
- ✍ Keep in touch with the EOC via the "hand held radio" (should have been distributed by Security during the initial stages of the event, if not call Security for distribution of radio).
- ✍ Notify the EOC of any updates from the CCCHS.

**NOTE: The Emergency Department is the "Communication Link" between the CCCHSD and the Medical Center. All communications must be documented.**

Date \_\_\_\_\_ Time \_\_\_\_\_

## PLANT OPERATIONS SHELTER-IN-PLACE CHECKLIST

### RESPONSIBILITIES -

To secure the HVAC systems in a predetermined manner to limit the intake of outside air into the facility.

- ✍ Upon notification by PBX, you or a designee will take action to secure the HVAC systems by shutting down individual components or systems to limit the intake of fresh air into the facility until the crises is over.
- ✍ You will be available as a resource for any support departments who may need your experience and knowledge in shutting off exhaust hoods, etc.
- ✍ You will update the EOC when the "HVAC systems are secured" and be available to respond to the needs of the EOC as the alert progresses.

Date \_\_\_\_\_ Time \_\_\_\_\_



## PBX SHELTER-IN-PLACE CHECKLIST

Shelter-in-place alerts should come into the Emergency Department via the "Community Alert Network" (CAN) or the "Emergency Alert Receiver" (EAR) from Contra Costa County Health Services (CCCHS). This checklist is based on that scenario. If the call comes through the PBX switchboard, give the Emergency Department a call and alert the "charge nurse" before proceeding with the checklist.

Call received from \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

~~Please check off as you make the notification -~~

- ~~/~~ Notify Security
- ~~/~~ Notify Plant Operations
- ~~/~~ Overhead Page (emergency tier 2 page) - three times and announce "Disaster Alert - Shelter in Place".
- ~~/~~ Notify the MOB (M-F: 7 am - 6 pm only).
- ~~/~~ Notify North Campus (M-F: 7 am - 6 pm only) Center for Diabetes
- ~~/~~ Notify Mt. Diablo Medical Pavilion
- ~~/~~ Notify Diablo Valley Surgery Center (M-F: 7 am - 6 pm only)

**ANY COMMUNICATION FROM THE CCCHS OR OTHER AGENCIES WILL BE REFERRED TO THE EMERGENCY DEPARTMENT CHARGE NURSE**

## SECURITY SHELTER-IN-PLACE CHECKLIST

Shelter-in-place alerts should come into the Emergency Department via the "Community Alert Network" (CAN) or the "Emergency Alert Receiver" (EAR) from Contra Costa County Health Services (CCCHS). This checklist is based on that scenario. PBX should notify you immediately after they receive notification.

### RESPONSIBILITIES -

It is our intent to limit foot traffic into and out of the facility by alerting and discouraging anyone from leaving the facility during the alert and funneling patients into a pre-assigned entrance thus keeping the outside air from entering the facility.

- ✍ Distribute "hand held radios" as outlined in Disaster Plan.
- ✍ Secure main entrance doors and assign individuals as needed to control other exits and entrances. (Attach signs as needed to direct foot traffic)
- ✍ Notify visitors and anyone in the front lobby of the alert and discourage anyone from leaving the facility until the "all clear".
- ✍ Close "fire doors" or assign someone to close the doors during the alert.
- ✍ Instruct those assigned to exit/entrance duty that they need to discourage anyone from leaving the facility during the crises and route any patients to the ED entrance.
- ✍ Work with the Volunteers to "get the word out" about the alert on notification to visitors in the facility by passing on any details on the extent and length of the crises.
- ✍ Keep in touch with EOC by radio for further updates and/or assignments.

**ANY COMMUNICATION FROM THE CCCHS OR OTHER AGENCIES WILL BE  
REFERRED TO THE EMERGENCY DEPARTMENT CHARGE NURSE**

Date \_\_\_\_\_ Time \_\_\_\_\_

## EOC SHELTER-IN-PLACE CHECKLIST

### RESPONSIBILITIES -

To coordinate the flow of goods and services to keep the hospital operating in a manner that does not put anyone in jeopardy during this crises period and allows for the patient care process to continue.

- ✍ The EOC will be set up after verification of the event and notification by the Nursing Supervisor or a designee.
- ✍ A portable radio will be used to coordinate efforts with the Emergency Department, Plant Operations, Security and others as needed.
- ✍ You will contact a Public Relations representative to coordinate any communication with the outside media.
- ✍ Updates will be made and documented on a regular basis to look at the following:
  - ✍ the facility (environmental issues)
  - ✍ staffing issues
  - ✍ patient care issues including outpatient schedules, discharges, etc.
  - ✍✍ security issues (securing exits/entrances)
  - ✍ communication issues (notifying staff, volunteers, visitors, etc.)
  - ✍ materials supply and food issues
  - ✍ support issues
  - ✍ communication updates by outside agencies

Date \_\_\_\_\_ Time \_\_\_\_\_



**State of California  
Emergency Medical Services Authority  
Statewide Medical & Health Disaster Exercise  
November 15, 2001**

**Glossary of Terms**

<b>Anhydrous Ammonia</b>	<p>A chemical liquid that vaporizes. Vapors are extremely irritating and corrosive and may be fatal if inhaled. Contact with gas or liquefied gas may cause burns, severe injury and/or frostbite. Fire will produce irritating, corrosive and/or toxic gases. Runoff from fire control may cause pollution.</p> <p>For more information see Department of Transportation, 2000 Emergency Response Guidebook (ERG 000), Guide 125, Page 215, ID Number 1005 or other resources.</p>
<b>Auxiliary Communications Services (ACS)</b>	<p>The Auxiliary Communications Service (ACS) is an emergency communications unit that provides State and local government with a variety of professional unpaid [volunteer] skills, including administrative, technical and operational for emergency tactical, administrative and logistical communications; such as with its agencies, cities within the Operational Area, neighboring governments, and the State OES Region. Its basic mission is the emergency support of civil defense, disaster response, and recovery with telecommunications resources and personnel.</p>
<b>California Amateur Radio Emergency Services (CARES)</b>	<p>CARES is specifically tasked to provide amateur radio communications support for the medical and health disaster response to state government.</p>
<b>Communications Exercise</b>	<p>The communications exercise is designed to test and evaluate communication systems including lines and methods of communicating during a disaster. Alternative communication systems can also be tested, including amateur radio, cell, and satellite systems, among others.</p>
<b>Decontamination</b>	<p><u>Hazardous materials</u>: Decontamination consists of removing contaminants or changing their chemical nature to innocuous substances.</p> <p><u>Radioactive materials</u>: The reduction or removal of radioactive material from a structure, area, person or object. A surface may be treated, washed down or swept to remove the contamination. Isolating the area or object contaminated, and letting the material stand can also control contamination.</p>

## Glossary of Terms

<b>Emergency</b>	A condition of disaster or of extreme peril to the safety of persons and property caused by such conditions as air pollution, fire, flood, hazardous material incident, storm, epidemic, riot, drought, sudden and severe energy shortage, plant or animal infestations or disease, the Governor's warning of an earthquake or volcanic prediction, or an earthquake or other conditions, other than conditions resulting from a labor controversy.
<b>Emergency Operations</b>	Those actions taken during the emergency period to protect life and property, care for the people affected, and temporarily restore essential community services.
<b>Emergency Operations Center</b>	A centralized location from which emergency operations can be directed and coordinated.
<b>Exposure versus contamination</b>	<u>Exposure</u> : Subjected to, or exposed to, a contaminant in an unprotected or partially protected manner, but not necessarily contaminated by an agent. <u>Contamination</u> : Contact with a hazardous or infective agent in an unprotected manner.
<b>Functional Exercise</b>	The functional exercise is an activity designed to test or evaluate the capabilities of the disaster response system. It can take place in the location where the activity might normally take place, such as the command center or incident command post. It can involve deploying equipment in a limited, function-specific capacity. This exercise is fully simulated with written or verbal messages.
<b>Full Scale Exercise</b>	This type of exercise is intended to evaluate the operational capability of emergency responders in an interactive manner over a substantial period of time. It involves the testing of a major portion of the basic elements existing in the emergency operations plans and organizations in a stress environment. Personnel and resources are mobilized.
<b>Hazardous material</b>	A substance or combination of substances, which, because of quantity, concentration, physical, chemical radiological, explosive, or infectious characteristics, poses a substantial present or potential danger to humans or the environment.
<b>Hazardous material incident</b>	Any release of a material capable of posing a risk to health, safety and property. Areas at risk include facilities that produce, process, transport or store hazardous material, as well as all sites that treat, store, and dispose of hazardous material.
<b>Hospital Emergency Incident Command System (HEICS)</b>	HEICS is an emergency management system that employs a logical, unified management (command) structure, defined responsibilities, clear reporting channels, and a common nomenclature to help unify hospitals with other emergency responders. Information on HEICS can be obtained through the California EMS Authority at 916-322-4336 or on the website at <a href="http://www.emsa.ca.gov">www.emsa.ca.gov</a> .

## Glossary of Terms

<b>Incident Command System (ICS)</b>	The nationally used standardized on-scene emergency management concept specifically designed to allow its user(s) to adopt an integrated organizational structure equal to the complexity and demand of single or multiple incident without being hindered by jurisdictional boundaries. ICS is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, with the responsibility to management of resources to effectively accomplish stated objectives pertinent to an incident.
<b>Joint Emergency Operations Center (JEOC)</b>	The JEOC is a unified operations center for medical and health response to disasters. The JEOC is responsible for developing and implementing combined State-level medical and health policy, managing State-level medical and health response, procurement of medical and health resources, developing the State-level medical and health action plan and maintaining accurate information on the medical and health situation.
<b>Local Emergency (State definition)</b>	The duly proclaimed existence of conditions of disaster or of extreme peril to the safety of persons and property within the territorial limits of a county, city and county, or city, caused by such conditions as air pollution, fire, flood, storm, epidemic, riot, earthquake or other conditions which are, or are likely to be, beyond the control of the services, personnel, equipment and facilities of a political subdivision and require the combined forces of other political subdivisions to combat.
<b>Long-Term Care Facilities</b>	A collective term for healthcare facilities designated for the care and treatment of patients or residents requiring rehabilitation or extended care for chronic conditions. The Department of Health Services, Licensing and Certification Division licenses these facilities.
<b>Medical and Health Operational Area Coordinator (MHOAC)</b>  (Formerly known as OADMHC)	The OAC is responsible for coordinating mutual aid resource requests, facilitating the development of local medical/health response plans and implementing the medical/health plans during a disaster response. During a disaster, the OAC directs the medical/health branch of the Operational Area EOC and establishes priorities for medical/health response and requests. This coordinator was formerly known as the Operational Area Disaster Medical/Health Coordinator.
<b>Operational Area</b>	An intermediate level of the State emergency services organization, consisting of a county and all political subdivisions within the county.
<b>Radio Amateur Civilian Emergency Services (RACES)</b>	The RACES is a local or state government program established by a civil defense official. It becomes operational by: 1) appointing a Radio Officer, 2) preparing a RACES Plan, and 3) training and utilizing FCC licensed Amateur Radio operators. RACES (whether part of an ACS, or as a stand along unit) is usually attached to a state or local government's emergency preparedness office, or to a department designated by that office, such as the sheriff's, or communications department.

## Glossary of Terms

<b>Regional Emergency Operations Center (REOC)</b>	The Regional Emergency Operations Center (REOC) is the first level facility of the Governor's Office of Emergency Services to manage a disaster. The REOC provides an emergency support staff operating from a fixed facility, who are responsive to the needs of the operational areas and coordinates with the State Operations Center.
<b>Regional Disaster Medical &amp; Health Coordinator (RDMHC)</b>	As prescribed in legislation, the principal function of the RDMHC during a disaster is to act as an agent of the State for the purpose of locating, mobilizing and deploying mutual aid resources at the request of State officials in support of mutual aid requests from other impacted regions.
<b>Regional Disaster Medical &amp; Health Specialist (RDMHS)</b>	The RDMHS assists the State in the development of regional plans for the provision of medical and health mutual aid resources and coordinates intra-regional medical and health mutual aid in the event of a disaster within the region.
<b>Response Information Management System (RIMS)</b>	The Response Information Management System (RIMS) is an Internet based information management system and consists of a set of databases designed to collect information on the disaster situation, communicate action plans and request mission assignments. RIMS is accessed and utilized by operational areas, regional and State governmental agencies.
<b>Shelter-in-Place</b>	Shelter-In-Place: Nationally accepted term indicating the need to go or stay inside, close all sources of outside air and listen to instructions broadcast. It is the process of protecting yourself and your facility from the environmental hazards resulting from a chemical release. The mnemonic is: "Shelter-Shut & Listen".
<b>Standardized Emergency Management System (SEMS)</b>	SEMS is the emergency management system identified by Government code 8607 for managing emergency response to multi-agency or multi-jurisdictional operations. SEMS is based on the Incident Command system and is intended to standardize response to emergencies in California.
<b>State Operations Center (SOC)</b>	The SOC is established by OES to oversee, as necessary, the REOC, and is activated when more than one (1) REOC is opened. The SOC establishes overall response priorities, and coordinates with federal responders.
<b>Status Codes</b>	<b>Green:</b> Provider is able to carry out normal operational functions <b>Yellow:</b> Some reductions in patient services, but overall, provider is able to carry out normal operational functions <b>Red:</b> Significant reductions in-patient services. Emergency services only being provided. <b>Black:</b> Provider has been severely affected. Unable to continue any services
<b>Tabletop Exercise</b>	An exercise that takes place in a classroom or meeting room setting. Situations and problems presented in the form of written or verbal questions generate discussions of actions to be taken based upon the emergency plan and standard emergency operating procedures. The purpose is to have participants practice problem solving and resolve questions of coordination and assignment in a non-threatening format, under minimal stress.



**State of California**  
**Emergency Medical Services Authority**  
**Statewide Medical & Health Disaster Exercise**  
**November 15, 2001**

**Operational Area (County) Medical/Health Exercise Contacts**

COUNTY	CONTACT NAME, TITLE & ADDRESS	CONTACT NUMBERS
Alameda	Cynthia Frankel Alameda EMS 1000 Broadway Ste 500 Oakland, CA 94607	Phone: 510-267-8080 Fax: 510-465-5624 Email: <a href="mailto:cfrankel@ph.mail.co.alameda.ca.us">cfrankel@ph.mail.co.alameda.ca.us</a>
Alpine Amador Calaveras Stanislaus	Doug Buchanan Deputy Director Mountain Valley EMS 1101 Standiford Ave Modesto, CA 95350	Phone: 209-529-5085 Fax: 209-529-1496 Email: <a href="mailto:dbuchanan@mvemsa.com">dbuchanan@mvemsa.com</a>
Butte	Dr. Mark Lundberg Health Officer 18 County Center Dr., Suite B Oroville, CA 95965	Phone: 530-538-7581 Fax: 530-538-2165 Email: <a href="mailto:mlundberg@buttecounty.net">mlundberg@buttecounty.net</a>
Colusa	Dr. James Dibdin Health Officer 251 E. Webster St. Colusa, CA 95932	Phone: 530-458-0280 Fax: 530-458-4136 Email: <a href="mailto:HO@colusanet.com">HO@colusanet.com</a>
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## Operational Area (County) Medical/Health Exercise Contacts

COUNTY	CONTACT NAME, TITLE & ADDRESS	CONTACT NUMBERS
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## Operational Area (County) Medical/Health Exercise Contacts

COUNTY	CONTACT NAME, TITLE & ADDRESS	CONTACT NUMBERS
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### Operational Area (County) Medical/Health Exercise Contacts

COUNTY	CONTACT NAME, TITLE & ADDRESS	CONTACT NUMBERS
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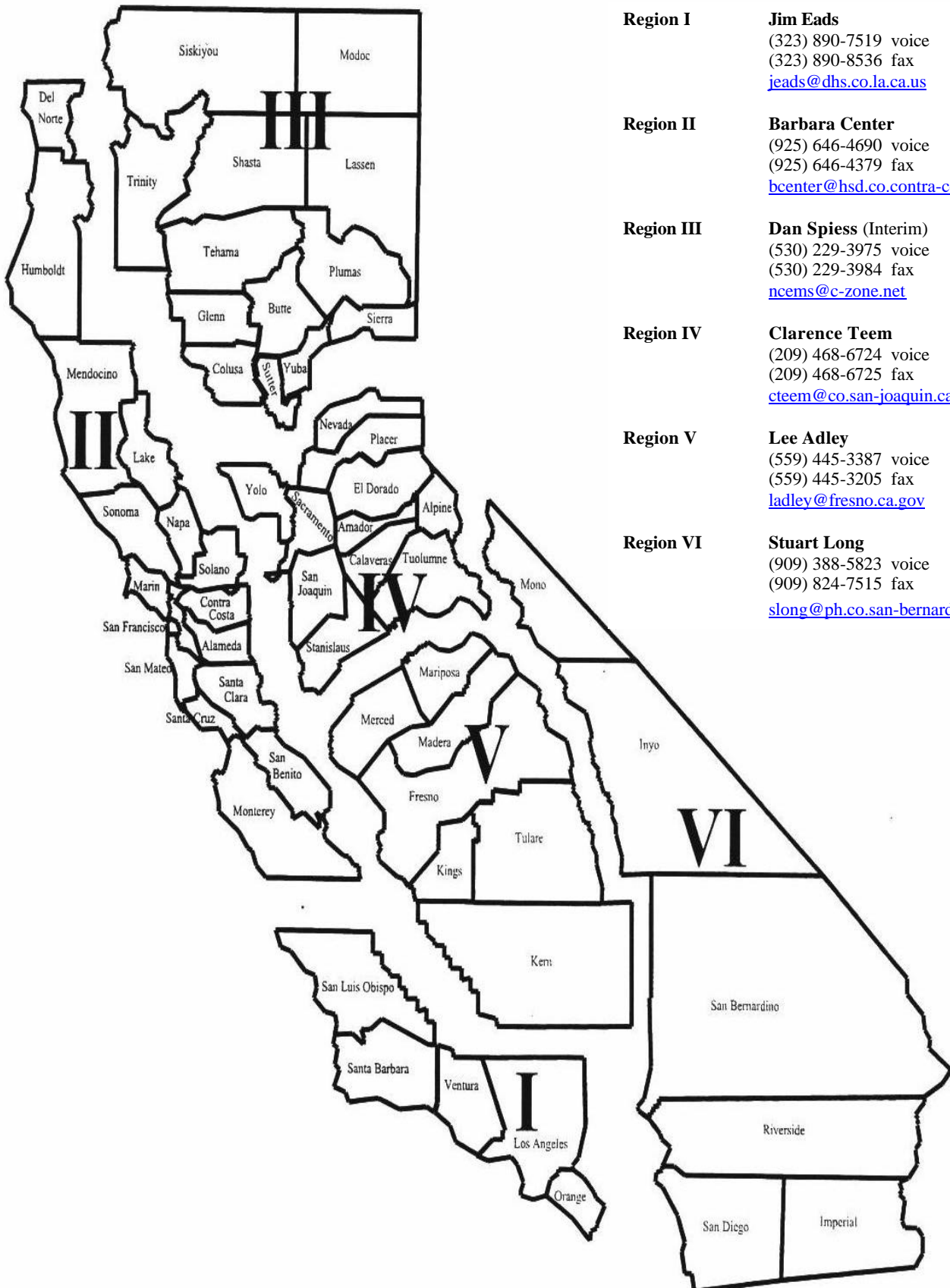
### Operational Area (County) Exercise Contacts

COUNTY	CONTACT NAME, TITLE & ADDRESS	CONTACT NUMBERS
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### Operational Area (County) Medical/Health Exercise Contacts

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### Region III

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(530) 229-3984 fax

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#### Clarence Teem

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### Region VI

#### Stuart Long

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**State of California  
Emergency Medical Services Authority  
Statewide Medical & Health Disaster Exercise  
November 15, 2001**

**The Emergency Medical Services Authority would like to thank the Disaster Exercise Planning Group members for their contribution to the 2001 Statewide Medical and Health Disaster Exercise Guidebook and planning process.**

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